

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35827

STATE FILE NUMBER

4702

FILED NOV 5 1957

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital | | d. STREET ADDRESS 7108 Washington | |
| Length of stay in lb 15 yrs | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First (Charley) Middle Last CHARLES A CASPER GOODMAN, Sr. | | 4. DATE OF DEATH Month Day Year Oct 9 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 4, 1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Bendix Aviation | 11. BIRTHPLACE (City and state or country) Calloway Co, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Stephen Goodman | |
| 13b. MOTHER'S MAIDEN NAME Mary Schaon | | 14. NAME OF HUSBAND OR WIFE Hannah Goodman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 495-01-1211 | |
| 17. INFORMANT Hannah Goodman, 7108 Washington | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 331+ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Oct 8, 57 to Oct 9, 57 and last saw her alive on 10/9/57 Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Samuel M. D. | | 22b. ADDRESS 406 Bryant Bldg. | |
| 22c. DATE SIGNED 10/11/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10-11-57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | | 23d. LOCATION (City, town, county) (State) Kansas City, Missouri | |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home | | 25. DATE RECD. BY LOCAL REG. 10-11-57 | |
| 26. REGISTRAR'S SIGNATURE Neva Marshall | | | |

(Licensed Embalmer's Statement on Reverse Side)

1800 E. Linwood, K. C., Mo.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Paul Moss

MEDICAL CERTIFICATION

Dr Paul Muesel
Bryant Bldg.
Rm 2-8371

Not in use on Thurs
1:30 P M - 5 P M



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

William Barton

Licensed Embalmer No. 4903

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.